

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>012180</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/09/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RITTENHOUSE SENIOR LIVING OF MICHIGAN CITY</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4300 CLEVELAND RD</b><br><b>MICHIGAN CITY, IN 46360</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R 000   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00174694.</p> <p>Complaint IN00174694-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 8 &amp; 9, 2015</p> <p>Facility number: 012180<br/>Provider number: 012180<br/>AIM number: NA</p> <p>Survey team:<br/>Lara Richards, RN-TC<br/>Yolanda Love, RN</p> <p>Census bed type:<br/>Residential: 123<br/>Total: 123</p> <p>Census payor type:<br/>Other: 123<br/>Total: 123</p> <p>Sample: 9</p> <p>Rittenhouse Senior Living of Michigan City was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00174694.</p> | R 000   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE